<u>PATENT</u>

Attorney Docket No.: 02558B-063710US Client Reference No.: BRP00107

TOWNSEND and TOWNSEND and CREW LLP

Sylvia E. Arnold

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Steven R. Binder et al.

Application No.: 10/828,846

Filed: April 20, 2004

For: PATTERN RECOGNITION METHOD FOR DIAGNOSIS OF SYSTEMIC AUTOIMMUNE DISEASES

Customer No.: 20350

Confirmation No.: 5304

Examiner: Pablo S. Whaley

Art Unit: 1631

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER

37 CFR §1.97 and §1.98

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Commissioner:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 37 CFR §1.98(a)(2)] are enclosed.

Also enclosed is a copy of the Search/Examination report corresponding to the European application.

It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

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As provided for by 37 CFR §1.97(g) and (h), no inference should be made that the

information and references cited are prior art merely because they are in this statement and no

representation is being made that a search has been conducted or that this statement encompasses

all the possible relevant information.

This IDS is being filed before the mailing date of the final Office Action or

Notice of Allowance.

CERTIFICATION

I hereby certify that each item of information contained in this Information

Disclosure Statement was first cited in any communication from a foreign patent office in a

counterpart foreign application not more than three months prior to the filing of this statement.

Applicant believes that <u>no fee is required</u> for submission of this statement.

However, if a fee is required, the Commissioner is authorized to deduct such fee from the

undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit

any overpayment to, the above-noted Deposit Account.

Respectfully submitted,

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